

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047527

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

174

Primary Registration District No.

3035

Registrar's No.

105

FILED DEC 26 1962

1. PLACE OF DEATH

a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Lexington

Length of stay in 1b
32 Years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR

Lexington Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Lafayette

c. CITY OR TOWN Lexington

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1602 Oneida

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
DALLAS CHARLES BUCK

4. DATE OF DEATH
Month Day Year
December 14 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Feb 2, 1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teaching & Faculty Super- Education

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Eureka, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Daniel W. Buck

13b. MOTHER'S MAIDEN NAME

Ida O. Wheeler

14. NAME OF HUSBAND OR WIFE

Kathleen Dunford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Mrs. Kathleen Buck Lexington, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Tumor of Brain (Malignant Tumor

INTERVAL BETWEEN ONSET AND DEATH
6 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-10-62 to 12-14-62 and last saw her alive on 12-14-62
Death occurred at 10:25 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Lexington, Mo.

22c. DATE SIGNED

12-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12-17-62

23c. NAME OF CEMETERY OR CREMATORY

Machpelah Cemetery

23d. LOCATION (City, town, or county)

Lexington, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lexington

25. DATE RECD. BY LOCAL REG.

12-15-62

26. REGISTRAR'S SIGNATURE

Monica E. Eastabrook

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

18a

Tumor of Pons, Malignant

Tumor of brain

2/27/63

BY AFFIDAVIT OF attending physician

DOCUMENT

MEDICAL CERTIFICATION

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul H. Wilson

Licensed Embalmer No. 5192

P. O. Address Lexington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

NOTARIZED JACOB